

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: June '21System Name: Lakeshore RV Park ID# 4101001

WTP ID:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1	22	15	7	15	.50	
2					.50	
3					.49	
4					.49	
5					.50	
6					.51	
7					.52	
8					.49	
9					.48	
10					.48	
11					.47	
12					.49	
13					.50	
14					.51	
15					.50	
16					.52	
17					.49	
18					.50	
19					.52	
20					.49	
21					.49	
22					.48	
23					.47	
24					.49	
25					.48	
26					.50	
27					.51	
28					.52	
29					.52	
30	22	15	7	15	.50	
31						

Cartridge Filtration
Monthly Summary95% of daily turbidity readings ≤ 1 NTU?
All daily turbidity readings ≤ 5 NTU?☒ Yes / ☐ No
☒ Yes / ☐ No

Notes: PSI = pounds per square inch
 PSID = pounds per square inch difference (before filter - after filter)
 PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)
☒ Yes / ☐ NoAll Cl₂ residual at entry point ≥ 0.2 mg/l?
☒ Yes / ☐ NoPRINTED NAME: Zackery K LuptonSIGNATURE: Zackery K LuptonDATE: July 8 '21PHONE #: (541) 997-2741

CERT #:

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: June '21

System Name: Lakeshore Ry Park		ID# 41 01001		WTP				
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/10	1.0	40	10	10	6.8	37	Y	60
2/					6.6			
3/					6.7			
4/					6.7			
5/					6.9			
6/					7.0			
7/					7.0			
8/					6.9			
9/					6.9			
10/					6.6			
11/					6.7			
12/					6.8			
13/					6.8			
14/					6.9			
15/					7.0			
16/					7.0			
17/					7.0			
18/					6.9			
19/					6.8			
20/					6.9			
21/					6.7			
22/					6.6			
23/					6.9			
24/					6.9			
25/					7.0			
26/					7.0			
27/					6.9			
28/					6.9			
29/					6.8			
30/10	1.0	40	10	10	6.7	37	Y	60
31/								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

Revised August 2010

Return by 10th of following month by email, fax or mail to:

OR STATE OF US; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350